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TESTIMONY OF JOHN D. SHULANSKY

FACTORS INFLUENCING RECEIPT OF LONG-TERM CARE SERVICES AND SUPPORTS IN HOME AND COMMUNITY SETTINGS

PROGRAM REVIEW AND INVESTIGATIONS COMMITTEE
SEPTEMBER 21, 2016

Senator Fonfara, Representative Carpino and distinguished members of the Committee:

My name is John D. Shulansky. I am managing director and a partner of EldersChoice of Connecticut, LLC a Homemaker Companion Agency classified as a Registry; and also registered with the Department of Labor as an Employer Fee Paid Employment Agency. EldersChoice is a partnership with offices currently in Pennsylvania, Maryland and Delaware which provides me familiarity with the regulatory approaches in other states.

I have more than 30 years of experience in long term care and geriatrics, which means not only that I am old, but that I have seen significant changes in the theory, delivery and regulation of long term care. In addition to EldersChoice, I am 30 year member and past chairman of the Board of Trustees of Hebrew Health Care, and a member of the Board of Directors of Duncaster, Inc. I also serve as Vice President of the Connecticut Association for Home Care Registries.

My comments today are my own and not the official position of any organization with which I am affiliated. I have provided written testimony for your consideration, and will summarize my comments briefly and will be glad to answer any questions.

I want to commend the Committee for this study, which is truly essential to address the quality, delivery, efficacy and cost of LTSS in Connecticut. From my view, the identified Areas of Analysis are on point; however, there is at least one piece of the puzzle that should be factored in the equation***: the cost, quality and delivery of non-medical home care in Connecticut unnecessarily contributes to and may accelerate Medicaid eligibility***.

While the delivery of home health services seems to be increasingly effective in limiting long-term nursing home admissions, to effectively manage our LTSS in home and community settings, we must as a state consider how to provide affordable, quality and effective non-medical home care that forestalls Medicaid eligibility.

We most often see individuals placed in nursing homes for four reasons: a chronic medical condition requiring daily clinical attention; no money; no family/community support; and, lack of an appropriate living environment. These generally are the same impediments to transitioning home from a nursing home. Our challenge, as Connecticut's inordinately older population continues to age, is to limit our nursing home admissions to those who fit only in the first category – chronic medical condition requiring daily clinical attention.

As a part of the PRI Study focus is on support for ADLs and IADLs, it is essential for the Committee to understand that non-medical home care in Connecticut is virtually unregulated. In this regard, think of Connecticut as the Wild Wild West. We are differentiated in a few ways:

- Any person can be a Home Care Worker (HCW)
- Anyone can be an owner/operator of a Homemaker Companion Agency (HCA)
- HCWs are not required to have any relevant training or experience
- HCWs are not required to have a current health exam or negative TB test
- HCWs may have criminal backgrounds and work in a private home
- CT wage and hour regulations are inconsistent with US Department of Labor regulations.
- Workers' compensation insurance is unavailable or unaffordable for individual consumers.
- Long term care insurance benefits can be compromised by CT non-medical care statutes.
- Many HCAs and HCWs promote medical capabilities and supervision in what is supposed to be non-medical service delivery. Services also may include financial services, such as banking and management of household bills.
- Regulatory oversight and compliance is limited.

All of these factors contribute to the delivery, quality and cost of non-medical home care. Without going through the detailed consequences of each of the above, unquestionably outcomes can be devastating to an individual, resulting in an unnecessary decline in physical, and emotional well-being, and an inordinately rapid spend down in assets.

First and foremost, enhancement of the regulatory approach to non-medical home care can offer a reasonable path to improved outcomes and lower costs. Good public health care policy should enable and legitimize quality home care via a range of providers, including HCA Agencies, HCA Registries, and private duty HCWs (including those sourced through national Internet services). Consumers and caregivers should be assured adequate and balanced protections in their home and workplace.

Families also must have choices for home care that fits their budget and specific home care needs. Home care generally is less expensive than nursing homes, but depending on the manner in which the care is provided, costs can be very different. Many individuals only need short periods of home care each day to remain safe at home. As individuals age or care needs exceed 8 to 10 hours a day, full-time live-in care may be the best and most affordable approach to stay at home.

Often, choice for Connecticut consumers is fraught with concerns about cost and liability, when the real concerns should be over the delivery of non-medical care and effective attention to the individual's physical and emotional well-being. The importance of effective training and qualifications of HCW and HCA providers cannot be overemphasized. This is a critical missing component of home care and is particularly important for persons with neurocognitive impairment or dementia and other chronic conditions. A trained HCW can identify physical and emotional changes that warrant clinical assessment and intervention that can avert hospitalization or a nursing home admission.

Inadequate training and oversight of HCWs also is a driver of higher non-medical home care Medicaid expense in Connecticut. Presently, personal intimate care must be provided by a Personal Care Attendant - not a Certified Nursing Assistant or Home Health Aide. This may require the presence of multiple HCWs during a week to perform certain tasks, when an appropriately trained HCW can perform all ADLs and IADLs in a home setting. In addition, Medicaid recipients have limited choices and cannot take advantage of HCA Registry or private-duty providers, further increasing the cost to the State. These distinctions are unnecessary and costly.

There are a number of states that have effective regulatory schemes that address non-medical home care. States among the leaders in this discipline include Pennsylvania, Delaware, California, and Florida.

Thank you for your time and concerns.